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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 09/437,815			ing Date 10/1999	To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY
	FOR	N	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A			N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A			N/A			N/A	
	EXAMINATION FE (37 CFR 1,16(o), (p),		N/A		N/A			N/A			N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•			X \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	MS .	minus 3 =		•			X \$ =		1	X \$ =	
	APPLICATION SIZE (37 CFR 1 16(s))	FEE shee is \$2 addit	If the specification and dr. sheets of paper, the appli is \$250 (\$125 for small er additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and			n size fee due for each n thereof. See						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(j))										1		
* If	the difference in col	umn 1 is less than	r "0" in co		TOTAL			TOTAL				
APPLICATION AS AMENDED – PART II OTHER THAN (Solumn 1) (Column 2) (Solumn 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	06/21/2012	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16()))	* 60	Minus	·· 61		= 0		x s =		OR	X \$60=	0
	Independent (37 CFR 1,16(h))	· 6	Minus	6		- 0		X \$ =		OR	X \$250=	0
	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,160))	*	Minus	**		-		× \$ =		OR	x s =	
	Independent (37 CFR 1.16(h))		Minus	***				X \$ =		OR	X \$ =	
EN	Application Size Fee (37 CFR 1.16(s))									1		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))									OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									nstrument Ex	or amin	TOTAL ADD'L FEE er:	
***	"# #ins-"Highest Hamber Previously "aid-for" II THIS 8"> CE to local than 30 cells "30." MARTHA NEWMAN "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to ring collection of information is equilibely by an over 10 or 10 in the management of the production o ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.